

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (12-97)  
Approved for use through 9/30/00. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b> (37 CFR 1.63)	<b>Attorney Docket Number</b>	4940/1D
	<b>First Named Inventor</b>	Vivian Pecus et al.
	<b>COMPLETE IF KNOWN</b>	
	<b>Application Number</b>	/ To be assigned
	<b>Filing Date</b>	Concurrently Herewith
	<b>Group Art Unit</b>	To be assigned
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing	<b>OR</b>	<input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)
	<b>Examiner Name</b>	To be assigned

**As a below named inventor, I hereby declare that:**

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**LARGE EDGE NODE FOR SIMULTANEOUS VIDEO ON DEMAND AND LIVE STREAMING OF SATELLITE DELIVERED CONTENT**

the specification of which  
☒ is attached hereto  
OR  
☐ was filed on (MM/DD/YYYY) [ ] as United States Application Number or PCT International Application Number [ ] and was amended on (MM/DD/YYYY) [ ] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)
50/275,779	March 13, 2001
60/275,780	March 13, 2001
60/275,781	March 13, 2001
60/275,782	March 13, 2001
60/275,783	March 13, 2001

☒ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

**Burden Hour Statement:** This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →



PTO/SB/01 (12-97)  
Approved for use through 9/30/00. OMB 0651-0032  
Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number

OR

☒ Registered practitioner(s) name/registration number listed below

Place Customer  
Number Bar Code  
Label here

Name	Registration Number	Name	Registration Number
Frank J. DeRosa	26,543	Leslie Restaino	38,893
Seth H. Ostrow	37,410	Ralph F. Hoppin	38,494
Pamela G. Maher	40,712	Matthew J. Marquardt	40,997
David Loewenstein	35,591	Katrine A. Levin	41,941

☒ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number or Bar Code Label

OR ☒ Correspondence address below

Name	Frederick Yu				
Address	Brown Raysman Millstein Felder & Steiner LLP				
Address	900 Third Avenue				
City	New York	State	NY	ZIP	10022
Country	USA	Telephone	(212) 895-2000	Fax	(212) 895-2900

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))		Family Name or Surname			
Vivian		PECUS			
Inventor's Signature				Date	
Residence: City	Falls Church	State	VA	Country	USA
Post Office Address	3731 B Madison Lane				
Post Office Address					
City	Falls Church	State	VA	ZIP	22041
		Country	USA		

☒ Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)  
Approved for use through 9/30/98. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION

## ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 2

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Christopher				BENDEN			
Inventor's Signature						Date	
Residence: City	Woodford	State	VA	Country	USA	Citizenship	USA
Post Office Address	8468 Guinea Station Road						
Post Office Address							
City	Woodford	State	VA	ZIP	22580	Country	USA
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
David L.				BULLOCK			
Inventor's Signature						Date	
Residence: City	Conyers	State	GA	Country	USA	Citizenship	USA
Post Office Address	2875 Bonds Lake Road						
Post Office Address							
City	Conyers	State	GA	ZIP	30012	Country	USA
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Philip				LAUSIER			
Inventor's Signature						Date	
Residence: City	Canton	State	GA	Country	USA	Citizenship	USA
Post Office Address	1005 Iron Mountain Road						
Post Office Address							
City	Canton	State	GA	ZIP	30115	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)  
Approved for use through 9/30/98. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

+

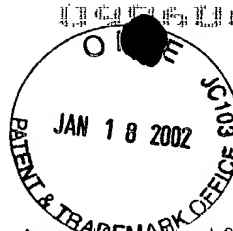
## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 2 of 2

Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name (first and middle [if any])										Family Name or Surname									
Mark										KALMBACH									
Inventor's Signature												Date							
Residence: City		Round Rock			State		TX		Country		USA			Citizenship		USA			
Post Office Address		2928 Cedar Crest Circle																	
Post Office Address																			
City		Round Rock			State		TX		ZIP		78664			Country		USA			
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name (first and middle [if any])										Family Name or Surname									
Aaron D.										Falk									
Inventor's Signature												Date							
Residence: City		Norwalk			State		CT		Country		USA			Citizenship		USA			
Post Office Address		465 Flax Hill Road																	
Post Office Address																			
City		Norwalk			State		CT		ZIP		06854			Country		USA			
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name (first and middle [if any])										Family Name or Surname									
Inventor's Signature												Date							
Residence: City					State				Country					Citizenship					
Post Office Address																			
Post Office Address																			
City					State				ZIP					Country					

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

+



Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (12-97)

Approved through 9/30/00. OMB 0651-0032

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing OR ☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	4940/1D
First Named Inventor	Vivian Pecus et al.
<b>COMPLETE IF KNOWN</b>	
Application Number	09 / 960,605
Filing Date	September 21, 2001
Group Art Unit	2661
Examiner Name	To be assigned

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**LARGE EDGE NODE FOR SIMULTANEOUS VIDEO ON DEMAND AND LIVE  
STREAMING OF SATELLITE DELIVERED CONTENT**

the specification of which (Title of the Invention)

☐ is attached hereto  
OR

☒ was filed on (MM/DD/YYYY) 09/21/2001 as United States Application Number or PCT International

Application Number 09/960,605 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

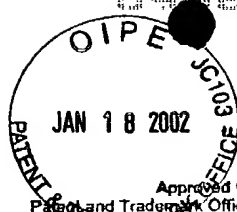
☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below

Application Number(s)	Filing Date (MM/DD/YYYY)	<input checked="" type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/275,779	March 13, 2001	
60/275,780	March 13, 2001	
60/275,781	March 13, 2001	
60/275,782	March 13, 2001	
60/275,783	March 13, 2001	

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box → ☐

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

PTO/SB/01 (12-8)  
Approved for use through 9/30/00. OMB 0451-0032  
Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

## DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☐ Customer Number  OR ☒ Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
Frank J. DeRosa	26,543	Leslie Restaino	38,893
Seth H. Ostrow	37,410	Ralph F. Hoppin	38,494
Pamela G. Maher	40,712	Matthew J. Marquardt	40,997
David Loewenstein	35,591	Katrine A. Levin	41,941

☒ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number or Bar Code Label  OR ☒ Correspondence address below

Name	Frederick Yu				
Address	Brown Raysman Millstein Felder & Steiner LLP				
Address	900 Third Avenue				
City	New York	State	NY	ZIP	10022
Country	USA	Telephone	(212) 895-2000	Fax	(212) 895-2900

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

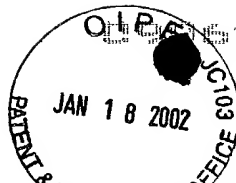
Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle if any)	Family Name or Surname
Vivian	PECUS

Inventor's Signature	<i>Vivian Pecus</i>	Date	1/2/01				
Residence: City	Falls Church	State	VA	Country	USA	Citizenship	USA

Post Office Address	3731 B Madison Lane						
Post Office Address							
City	Falls Church	State	VA	ZIP	22041	Country	USA

☒ Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.



Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)  
Approved for use through 9/30/98. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 1 of 2

Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])					Family Name or Surname						
Christopher					BENDEN						
Inventor's Signature		<i>CP Benden</i>					Date		11/24/01		
Residence: City		Woodford		State		VA		Country		USA	
Post Office Address		8468 Guinea Station Road									
Post Office Address											
City		Woodford		State		VA		ZIP		22580	
Country		USA									
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])					Family Name or Surname						
David Lynn					BULLOCK						
Inventor's Signature							Date				
Residence: City		Conyers		State		GA		Country		USA	
Post Office Address		2875 Bonds Lake Road NW									
Post Office Address											
City		Conyers		State		GA		ZIP		30012	
Country		USA									
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])					Family Name or Surname						
Philip C.					LAUSIER						
Inventor's Signature							Date				
Residence: City		Canton		State		GA		Country		USA	
Post Office Address		1005 Iron Mountain Road									
Post Office Address											
City		Canton		State		GA		ZIP		30115	
Country		USA									

Burden Hour Statement. This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231



Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

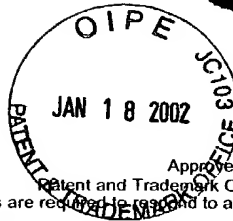
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b> Page <u>1</u> of <u>2</u>
--------------------	---

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Christopher				BENDEN			
Inventor's Signature						Date	
Residence: City	Woodford	State	VA	Country	USA	Citizenship	USA
Post Office Address	8468 Guinea Station Road						
Post Office Address							
City	Woodford	State	VA	ZIP	22580	Country	USA
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
David Lynn				BULLOCK			
Inventor's Signature	<i>David Lynn Bullock</i>					Date	11/30/01
Residence: City	Conyers	State	GA	Country	USA	Citizenship	USA
Post Office Address	2875 Bonds Lake Road NW						
Post Office Address							
City	Conyers	State	GA	ZIP	30012	Country	USA
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Philip C.				LAUSIER			
Inventor's Signature						Date	
Residence: City	Canton	State	GA	Country	USA	Citizenship	USA
Post Office Address	1005 Iron Mountain Road						
Post Office Address							
City	Canton	State	GA	ZIP	30115	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.





Please type a plus sign (+) inside this box → ☐

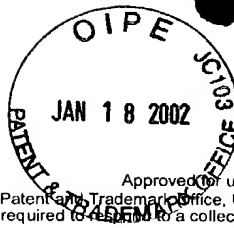
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

PTO/SB/02A (3-97)  
Approved for use through 9/30/98. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b> Page <u>1</u> of <u>2</u>
--------------------	---

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Christopher				BENDEN			
Inventor's Signature						Date	
Residence: City	Woodford	State	VA	Country	USA	Citizenship	USA
Post Office Address	8468 Guinea Station Road						
Post Office Address							
City	Woodford	State	VA	ZIP	22580	Country	USA
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
David Lynn				BULLOCK			
Inventor's Signature						Date	
Residence: City	Conyers	State	GA	Country	USA	Citizenship	USA
Post Office Address	2875 Bonds Lake Road NW						
Post Office Address							
City	Conyers	State	GA	ZIP	30012	Country	USA
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Philip C.				LAUSIER			
Inventor's Signature	<i>Philip C. Lausier</i>					Date	11/28/01
Residence: City	Canton	State	GA	Country	USA	Citizenship	USA
Post Office Address	1005 Iron Mountain Road						
Post Office Address							
City	Canton	State	GA	ZIP	30115	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box → +

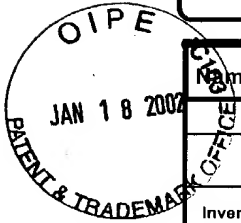
Approved for use through 9/30/98. OMB 0651-0032  
Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

+

## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 2 of 2



Name of Additional Joint Inventor, if any:								<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])								Family Name or Surname							
Mark Russell								KALMBACH							
Inventor's Signature		<i>Mark Russell Kalmbach</i>						Date		12/3/2001					
Residence: City		Round Rock		State		TX		Country		USA		Citizenship		USA	
Post Office Address		2928 Cedar Crest Circle													
Post Office Address															
City		Round Rock		State		TX		ZIP		78664		Country		USA	
Name of Additional Joint Inventor, if any:								<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])								Family Name or Surname							
Inventor's Signature								Date							
Residence: City				State				Country				Citizenship			
Post Office Address															
Post Office Address															
City				State				ZIP				Country			
Name of Additional Joint Inventor, if any:								<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])								Family Name or Surname							
Inventor's Signature								Date							
Residence: City				State				Country				Citizenship			
Post Office Address															
Post Office Address															
City				State				ZIP				Country			

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

+

[illegible]

+

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE  
are required to respond to a collection of information unless it contains a

## DECLARATION

## Name

Name

**Registration  
Number**

44,237  
45,251  
45,030  
47,184  
42,275  
43,457



PTO/SB/02B (3-97)  
Approved for use through 9/30/98. OMB 0651-0032  
demark office; U.S. DEPARTMENT OF COMMERCE  
spond to a collection of information unless it contains a

Under the Paperwork Red  
valid OMB control number

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.







$$\frac{1}{\Gamma(\alpha)} \int_0^t (t-\tau)^{\alpha-1} f(\tau) d\tau = \frac{1}{\Gamma(\alpha)} \left( \int_0^t (t-\tau)^{\alpha-1} f(\tau) d\tau + \int_t^\infty (t-\tau)^{\alpha-1} f(\tau) d\tau \right)$$

Approved for use through 9/30/98. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
e required to respond to a collection of information unless it contains a

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a  
valid OMB control number.

[illegible]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

+